# **FORM D**

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

AN 1 2 20 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
CONFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden hours per response...... 16.00

SEC US	SE ONLY
Prefix	Serial
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Name of Offering( check if this is an amendment and name has changed, and indicate change.)  Secured Convertible Promissory Notes and Warrants to Purchase Convertible Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	- I MARIE BAND ANNE BANG KORK DOLK DOLK WAS DANK DOL
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Tacit Software, Inc.	06021935
Address of Executive Offices (Number and Street, City, State, Zip Code) 2100 Geng Road, Palo Alto, CA 94303	Telephone Number (Including Area Code) 650-251-2100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Business software and services	·
Type of Business Organization  Corporation  limited partnership, already formed  other (pl	PROCESSED ease specify):
business trust limited partnership, to be formed	Erani 1 9 2005
Actual or Estimated Date of Incorporation or Organization:    Month Year	ated THOMSON FINANCIAL

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more	
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	of partnership issuers; and
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Gilmour, David	
Business or Residence Address (Number and Street, City, State, Zip Code) 2100 Geng Road, Palo Alto, CA 94303	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Ream, Thomas G.	
Business or Residence Address (Number and Street, City, State, Zip Code) 2100 Geng Road, Palo Alto, CA 94303	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Jurvetson, Steve	
Business or Residence Address (Number and Street, City, State, Zip Code) 2882 Sand Hill Road, Suite 150, Menlo Park, CA 94025	4444
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Occhipinti, John	
Business or Residence Address (Number and Street, City, State, Zip Code) 350 Marine Parkway, Suite 300, Redwood Shores, CA 94065	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Simon, Robert	
Business or Residence Address (Number and Street, City, State, Zip Code) One Embarcadero Center, San Francisco, CA 94111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Talbot, Kevin	
Business or Residence Address (Number and Street, City, State, Zip Code) 1 Richmond Streeet West, 8th Floor, Ontario, Canada M5H 3W4	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Alta California Partners III, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code) One Embarcadero Center, Suite 4050, San Francisco, CA 94111	

A. BASICIDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Draper Fisher Jurvetson Fund V, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 2882 Sand Hill Road, Suite 150, Menlo Park, CA 94025
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Royal Bank of Canada
Business or Residence Address (Number and Street, City, State, Zip Code) MaRS Centre, Heritage Building, 101 College Street, Suite 230, Toronto, Ontario, Canada M5G 1L7
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Woodside Fund V, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 350 Marine Parkway, Suite 300, Redwood Shores, CA 94065
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

(97	. 1175 1779a				B. IN	NFORMAT	TION ABOU	T OFFER	ING				
1.	Has the	issuer sold	or does the	e issuer inte	end to sell,	to non-accre	edited invest	ors in this c	offering?			Yes	No ⊠
			,				ımn 2, if filir		•				_
2.	What is	the minim	um investm				individual?					\$0.00	
												Yes	No
3.												$\boxtimes$	L
4.	commis	ssion or sim	ilar remune	ration for s	olicitation	of purchase	n or will be ers in connec	tion with sa	les of secu	rities in the	offering.		
							er or dealer (5) persons						
							oker or deale		are associ	aica personi	or such		
Full	Name (I	Last name f	irst, if indiv	idual)									
Busi	iness or l	Residence A	Address (Nu	mber and S	Street, City,	State, Zip	Code)						
Nam	e of Ass	sociated Bro	ker or Deal	ler									
State	s in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
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Full	 Name (I	لـــــا Last name f	ـــــ irst, if indiv	idual)	<u></u>							LJ	
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						Duite, Zip							
Nam	ne of Ass	sociated Bro	ker or Deal	ler	<del></del>		· <b></b>					·	
State		ich Person										_	
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Full	Name (I	Last name f	irst, if indiv	idual)									
Busi	ness or l	Residence A	Address (Nu	mber and S	Street, City,	State, Zip	Code)					<del></del>	<del></del>
Nan	ne of Ass	sociated Bro	oker or Deal	ler	<u></u>	·····				1.0			
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l	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or	r copy and use additional	copies of this sheet	. as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$		\$	
	Equity\$		\$	
	Common Preferred	-		
	Convertible Securities (including warrants)\$		\$	2,002,000
	Partnership Interests\$		\$	
	Other (Specify)\$		\$	
	Total\$			
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	`	Aggregate Dollar Amount of Purchases
	Accredited Investors	9	9	2,002,000
	Non-accredited Investors	0	9	<u></u>
	Total (for filings under Rule 504 only)			0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		9	<u> </u>
	Rule 504			6
	Total			0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•	
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	🖂		
	Accounting Fees			
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total		\$	0
		_		

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	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
5.	and total expenses furnished in response to Part C proceeds to the issuer."	offering price given in response to Part C — Quest C — Question 4.a. This difference is the "adjusted sproceed to the issuer used or proposed to be used or proposed to be used or proposed is not known, furnish an estimate	gross  ed for	\$ <u>2,190,501.27</u>
		tal of the payments listed must equal the adjusted		
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		🔲 \$	
	Purchase of real estate		🔲 \$	
	Purchase, rental or leasing and installation of rand equipment	machinery	🔲 \$	
	Construction or leasing of plant buildings and	facilities	🔲 \$	
			🗆 s	🗆 \$
				<u>0</u>
		D. FEDERAL SIGNATURE		
sigi	issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange Co.	mmission, upon writ	
Issı	uer (Print or Type)	Signature	Date	
	Tacit Software, Inc.		Januar	y <b>10</b> , 2006
Naı	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	Thomas G. Ream	Chief Financial Officer		

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)